

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
MAY 13 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0869  
Date: 7-27-15  
Amount Paid: \$75  
Refund: 7-27-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Deci Hel		Mailing Address:	33273 110th		City/State/Zip:	Bayfield, WI 54826	
Address of Property:	2190 Birch Tree Trail		City/State/Zip:	Bayfield, WI 54826		Cell Phone:		
Contractor:			Contractor Phone:	Barner, W.		Plumber:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Denny Anderson		Agent Phone:	715-3626		Agent Mailing Address (include City/State/Zip):	218-391-5733	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	004-2-45-07-08-3		04-153-300	Recorded Document: (i.e. Property Ownership)	Volume 1134 Page(s) 224	
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision: Cornucopiae Add to Plat.	
Section 8, Township 45 N, Range 9 W	Township: Barnes						Acreage: 6.99	
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$5000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: SF	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
		<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it)	Length: 16	Width: 28	Height: 13'
Proposed Construction:			

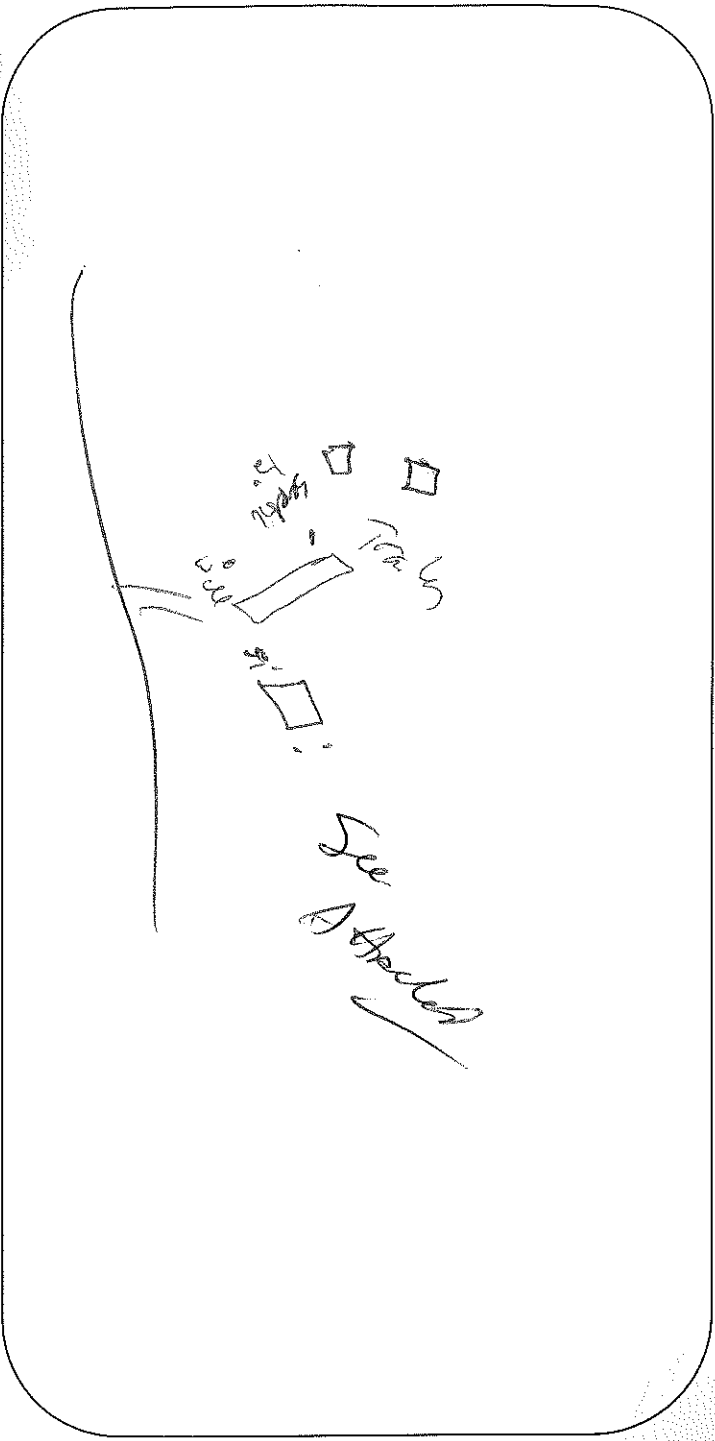
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	<input type="checkbox"/> with Loft	( ) X ( )	
	<input type="checkbox"/> with a Porch	( ) X ( )	
	<input type="checkbox"/> with (2nd) Porch	( ) X ( )	
	<input type="checkbox"/> with a Deck	( ) X ( )	
	<input type="checkbox"/> with (2nd) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	( ) X ( )	
	<input type="checkbox"/> Accessory Building (specify)	( ) X ( )	
	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) garage Addition	( 16 X 28 )	
Rec'd for Insurance			
MAY 13 2015			
Special Use: (explain)		( ) X ( )	
Conditional Use: (explain)		( ) X ( )	
Other: (explain)		( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Denny Anderson Date: 5-12-15  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 54630 South Lake Lake Rd, Barnes, WI.  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	125 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	143 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	76 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	125 Feet	Setback to Well	102 Feet
Setback to Drain Field	125 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

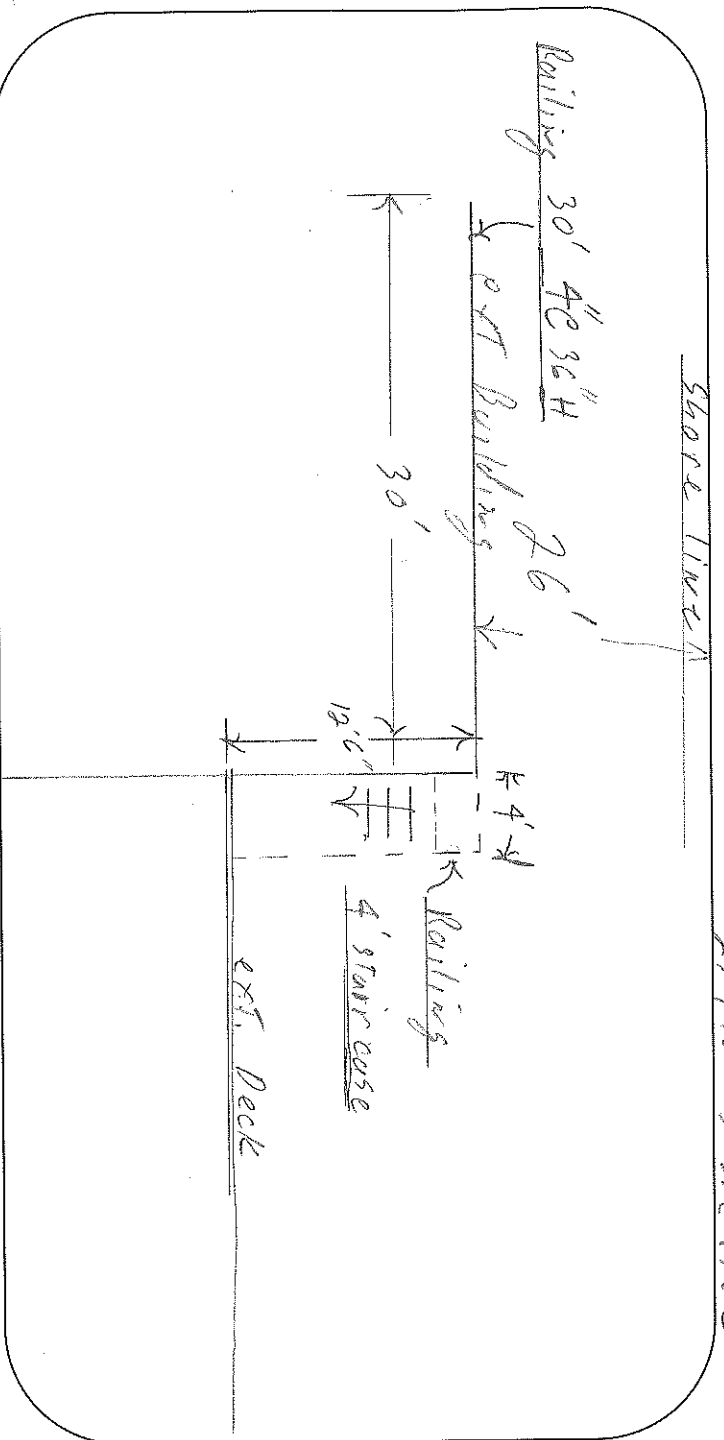
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>15-08169</u>		Permit Date: <u>7-27-15</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (P)			
Date of Inspection: <u>5/12/15</u>		Inspected by: <u>[Signature]</u>		Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Not for Home habitation NO H2O under pressure					
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>5/13/15</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<u>[Signature]</u> Add-on after	



Draw or Sketch your Property (Regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600' Feet	Setback from the Lake (ordinary high-water mark)	7' Feet
Setback from the Established Right-of-Way	600' Feet	Setback from the River, Stream, Creek	11' Feet
Setback from the North Lot Line	600' Feet	Setback from the Bank or Bluff	11' Feet
Setback from the South Lot Line	200' Feet	Setback from Wetland	12' Feet
Setback from the West Lot Line	75' Feet	20% Slope Area on property	12' Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	75' Feet	Elevation of Floodplain	12' Feet
Setback to Septic Tank or Holding Tank	75' Feet	Setback to Well	100' Feet
Setback to Drain Field	75' Feet		
Setback to Privy (Portable, Composting)	75' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 425160	# of bedrooms:	Sanitary Date: 5/5/04		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-08920	Permit Date: 7-27-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Adding Stairway to entry deck.						
Date of inspection: 7-27-15	Inspected by: J. H. H. H.					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						
Must meet UDC.						
Signature of Inspector: J. H. H. H.		Date: 7/27/15				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd (Received)  
JUL 10 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0282  
ENTERED 7-27-15  
Amount Paid: \$175  
Refund: 7-27-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Scott & Pamela Teschner		Mailing Address: 1324 S. Shore Rd		City/State/Zip: Garden WI 54638		Telephone: 715-745-2468		Cell Phone: 715-795-0102		Plumber Phone:		Plumber: N/A	
Address of Property: Same		City/State/Zip:				Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Contractor: N/A		Contractor Phone:				Agent Phone:		Agent Mailing Address (include City/State/Zip):					
Authorized Agent: (Person Signing Application on behalf of Owner(s))													
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 09-004-2-44-01-19-2-00-150		Recorded Document: (i.e. Property Ownership) Volume 950		Page(s) 162					
1/4, 1/4		Gov't Lot		Lot(s) 30		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision: Clearwater	
Section 19, Township 44 N, Range 9 W		Town of: Barnes		Lot Size 1/65x450		Acreage 1.54							
<input checked="" type="checkbox"/> Shoreland / <input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →		Distance Structure is from Shoreline: 76 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →				Distance Structure is from Shoreline: feet									

Value at Time of Completion * include donated time & material \$ 10,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <input checked="" type="checkbox"/> Sanitary (Exists)	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <input checked="" type="checkbox"/> DRAINAGE		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <input checked="" type="checkbox"/> DRAINAGE		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)			
<input type="checkbox"/> Property	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: 39	Width: 29	Height: 30
Proposed Construction:	Length: 30	Width: 30	Height: 15

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>		( X )	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) Entry/Inud room w/ closet	<input checked="" type="checkbox"/>		( 15 X 30 )	300
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>		( X )	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>		( X )	
<input checked="" type="checkbox"/> Other: (explain) 5 foot overhang / outside entrance	<input checked="" type="checkbox"/>		( 5 X 30 )	100

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott & Pamela Teschner Date 07/07/2015

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

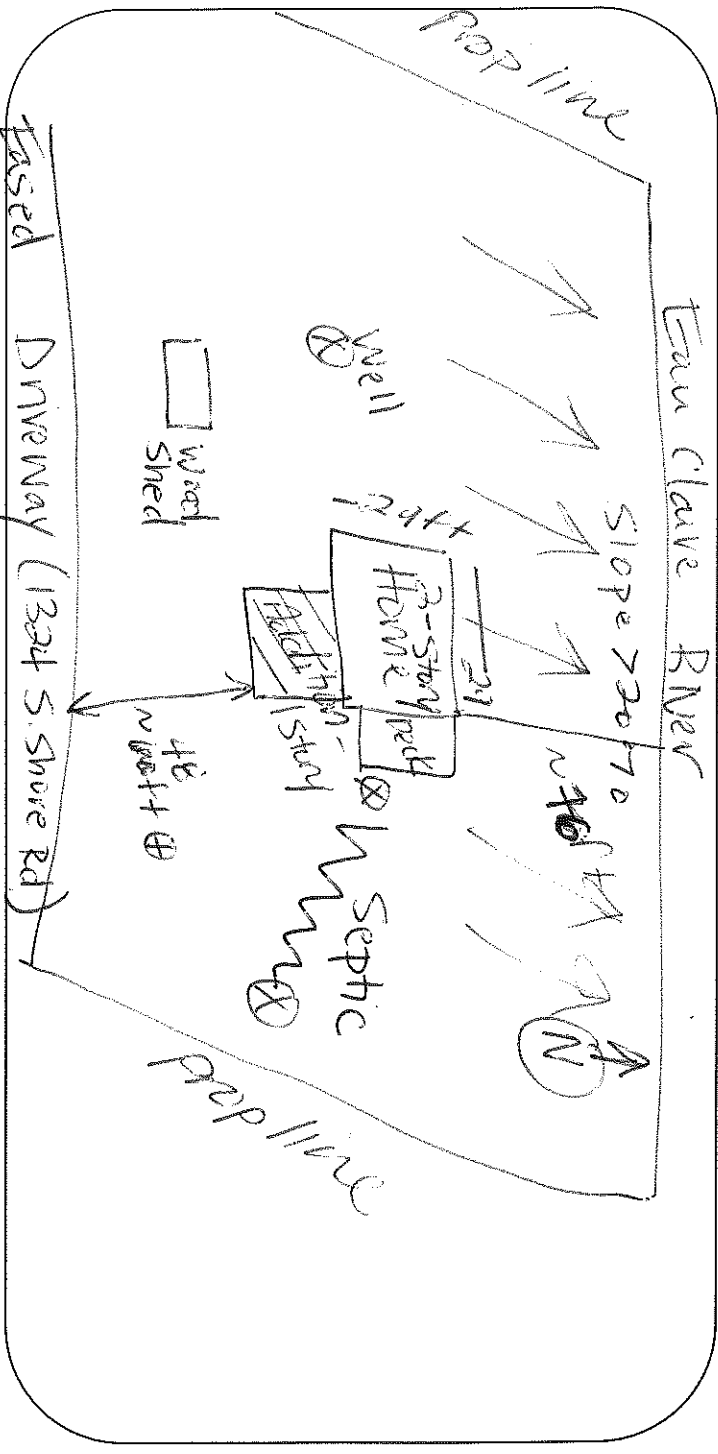
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Show Location of:**
- (\*) Show / Indicate:
- (\*) Show Location of (\*):
- (\*) Show:
- (\*) Show any (\*):
- (\*) Show any (\*):
- Proposed Construction**
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Garage

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road 5	48 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way 2	46 Feet	Setback from the River, Stream, Creek	105 Feet
Setback from the North Lot Line	346.105 Feet	Setback from the Bank or Bluff	51 Feet
Setback from the South Lot Line	300+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	69 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	34 Feet	Elevation of Floodplain	137.80 Feet
Setback to Septic Tank or Holding Tank	31 Feet	Setback to Well	35 Feet
Setback to Drain Field 119 point	36 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date: 1999
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0072	Permit Date: 7-27-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:				
Date of Inspection: 7/16	Inspected by: [Signature]			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be)				
Property owner is responsible for contacting UDC.				
Signature of Inspector: [Signature]				Date: 9/27/15
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

BAYFIELD COUNTY, WISCONSIN

2000

Permit #:	15-0683
Date:	7-30-15
Amount Paid:	\$175
Refund:	7-30-15

**HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))**

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		ROBERT & KAREN SCHUBER		Mailing Address:		1824 OAKLAND AVE		Crest Hill, IL	
Address of Property:		3975 WALLMAN RD		City/State/Zip:		BARNES, WI		54873	
Contractor:		CHRISTENSON CONSTRUCTION		Contractor Phone:		715-80-0367		Plumber: —	
Authorized Agent: (Person Signing Application on behalf of Owner's)		Agent Phone:		Agent Mailing Address (include City/State/Zip):		BARNES		723-0928	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Written Authorization Attached	
1/4, —, 1/4		Gov't Lot 10		Lot(s) CSM		Vol & Page		Lot Size	
Section 4, Township 44 N, Range 9 W		Town of: BARNES		Lot(s) No. 05-010-09000		Block(s) No.		Subdivision: Volume 212	
								Page(s) 41	
								Acreage	

<input checked="" type="checkbox"/> Non-Shoreland				
<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue--->	Distance Structure is from Shoreline : _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue --->	Distance Structure is from Shoreline : <u>175</u> feet		

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$12,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary Exists (Specify Type: <u>SEPTIC</u> )	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> SLAB			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 24'	Width: 16'	Height: 9'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
X Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
		with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>CORAGE</u>	( 16 x 24 )	384
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

Owner(s) James A Schuler and 1 son 2 daughters  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Date 1-7-13

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 3975 Wadman Rd, BNRUS, WI 54873

Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

**If you recently purchased the property send your Recorded Deed**

Attach

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of:  
North (N) on Plot Plan
  - (2) Show / Indicate:  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*):  
All Existing Structures on your Property
  - (4) Show:  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show:  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	46 Feet	Setback from the Lake (ordinary high-water mark)	210 Feet
Setback from the Established Right-of-Way	46 Feet	Setback from the River, Stream, Creek	31 Feet
		Setback from the Bank or Bluff	
Setback from the North Lot Line	10 Feet		
Setback from the South Lot Line	54 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	210 Feet	Setback from 20% Slope Area	31 Feet
Setback from the East Lot Line	46 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	24 Feet	Setback to Well	24 Feet
Setback to Drain Field	24 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit # <u>15-00883</u>		Permit Date: <u>7-30-15</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: <u>Road is Easement and w/ 40' Setback.</u>		Zoning District Lakes Classification ( <u>1A</u> )			
Date of Inspection:		Inspected by:		Date of Re-inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If <u>No</u> they need to be attached.) <u>Must meet all setback Requirements</u>					
May not be used for human habitation. No water under pressure in structure.					
Signature of Inspector: <u>[Signature]</u>		Date of: <u>7/28/15</u>			
Hold For Sanitary: <input type="checkbox"/> Hold For TDA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	



